

Minimally-Required Fields in CERS2 for UST UPCF Forms

Prepared by Cal/EPA Technology Services Unit February/March 2011

Overview

“Minimally-required” fields are being implemented in CERS2 to ensure businesses provide a minimal level of data in their submittals to regulators. These fields will represent the absolute minimum amount of data that **any regulator statewide** would require a business to report on a UPCF. A business will **NEVER** be able to submit a UPCF in CERS until **at least** these minimally-required fields are provided. A regulator may reject a submittal if other important, but not minimally-required, form fields are incomplete.

The set of minimally-required fields identified in this document reflect input from SWRCB UST and Cal/EPA Unified Program staff. Prior to the March 15th meeting of the CERS Regulator User Group, members should review the proposed minimally-required UST fields in this document, identify any fields that should be added or removed as minimally required fields, and be prepared to adopt a final list of fields that will be implemented in the initial version of CERS2. Additional fields could be added/removed from future versions of CERS2 as necessary. During the review, please ensure that **any minimally-required field can ALWAYS be provided by any UST facility owner/operator statewide**.

UST UPCFs Addressed in this Document

Recommended minimally-required fields have been identified for the following UST UPCFs forms:

- 1) UST Operating Permit Application – Facility Information
- 2) UST Operating Permit Application – Tank Information
- 3) UST Monitoring Plan
- 4) UST Certification of Installation / Modification

The remainder of this document shows a copy of each of these forms with fields highlighted using the following legend:

Field Background	Meaning
Clear	Form field is not minimally-required . User can submit this form to their UPA with this field blank, although UPA may consider the field required and reject the submittal.
Orange	Form field is part of the set of minimally-required fields. User can not submit the program element until all fields are completed.
Strike-out	Form field cannot be entered by the user. This data can be derived from other UPCFs or other areas in CERS2.

Minimally-Required Fields for **UST Operating Permit Application – Facility Information** = 400, 403, 405, 407, 408, 409, 410, 411, 412, 428-1, 428-2, 428-3, 428-4, 428-5, 428-6, 414, 415, 416, 417, 418, 419, 420, 421, 423

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK OPERATING PERMIT APPLICATION – FACILITY INFORMATION (One form per facility)															
TYPE OF ACTION <input type="checkbox"/> 1. NEW PERMIT <input type="checkbox"/> 5. CHANGE OF INFORMATION <input type="checkbox"/> 7. PERMANENT FACILITY CLOSURE (Check one item only) <input type="checkbox"/> 3. RENEWAL PERMIT <input type="checkbox"/> 6. TEMPORARY FACILITY CLOSURE <input type="checkbox"/> 9. TRANSFER PERMIT															
I. FACILITY INFORMATION															
TOTAL NUMBER OF USTs AT FACILITY ^{404.}				FACILITY ID # ^(Agency Use Only)											
				00-DEM-174978											
BUSINESS NAME <i>(Same as Facility Name or DBA – Doing Business As)</i> ^{3.}															
Demo Test Facility															
BUSINESS SITE ADDRESS ^{103.}						CITY ^{104.}									
1200 1/2 N Richards Cir 203						Palo Alto									
FACILITY TYPE <input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUELING <input type="checkbox"/> 2. FUEL DISTRIBUTION ^{403.}						Is the facility located on Indian Reservation or Trust lands? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No ^{405.}									
<input type="checkbox"/> 3. FARM <input type="checkbox"/> 4. PROCESSOR <input type="checkbox"/> 6. OTHER															
II. PROPERTY OWNER INFORMATION															
PROPERTY OWNER NAME ^{407.}						PHONE ^{408.}									
NCL Industries, Inc.						(916) 752-1570									
MAILING ADDRESS ^{409.}															
958 J St															
CITY ^{410.}				STATE ^{411.}		ZIP CODE ^{412.}									
Sacramento				CA		95815									
III. TANK OPERATOR INFORMATION															
TANK OPERATOR NAME ^{428-1.}						PHONE ^{428-2.}									
MAILING ADDRESS ^{428-3.}															
CITY ^{428-4.}				STATE ^{428-5.}		ZIP CODE ^{428-6.}									
IV. TANK OWNER INFORMATION															
TANK OWNER NAME ^{414.}						PHONE ^{415.}									
John Harris						(916) 285-8250									
MAILING ADDRESS ^{416.}															
9527 Freeborn Blvd															
CITY ^{417.}				STATE ^{418.}		ZIP CODE ^{419.}									
Sacramento				CA		95814									
OWNER TYPE: <input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 6. STATE AGENCY ^{420.}															
<input type="checkbox"/> 7. FEDERAL AGENCY <input type="checkbox"/> 8. NON-GOVERNMENT															
V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER															
TY (TK) HQ 44-		4		6		5		8		4		1		Call the State Board of Equalization, Fuel Tax Division, if there are questions. ^{421.}	
VI. PERMIT HOLDER INFORMATION															
Issue permit and send legal notifications and mailings to: <input type="checkbox"/> 1. FACILITY OWNER <input type="checkbox"/> 4. TANK OPERATOR ^{423.}															
<input type="checkbox"/> 3. TANK OWNER <input type="checkbox"/> 5. FACILITY OPERATOR															
SUPERVISOR OF DIVISION, SECTION, OR OFFICE <i>(Required for Public Agencies Only)</i> ^{406.}															
VII. APPLICANT SIGNATURE															
CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.															
APPLICANT SIGNATURE ^{424.}						DATE ^{425.}									
APPLICANT NAME (print) ^{426.}						APPLICANT TITLE ^{427.}									

Minimally-Required Fields for UST Operating Permit Application – Tank Information = 430, 432, 434, 436, 437, 439, 440, 443, 444, 445, 460, 458, 469a

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)			
TYPE OF ACTION (Check one item only. For a UST closure or removal, complete only this section and Sections I, II, III, IV, and IX below)			430.
<input type="checkbox"/> 1. NEW PERMIT <input type="checkbox"/> 3. RENEWAL PERMIT <input checked="" type="checkbox"/> 5. CHANGE OF INFORMATION <input type="checkbox"/> 6. TEMPORARY UST CLOSURE <input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE <input type="checkbox"/> 8. UST REMOVAL			
DATE UST PERMANENTLY CLOSED:		430a.	DATE EXISTING UST DISCOVERED:
I. FACILITY INFORMATION			
FACILITY ID # (Agency Use Only)		430.	
BUSINESS NAME (Same as Facility Name or DBA – Doing Business As)		430.	
Demo Test Facility		430.	
BUSINESS SITE ADDRESS		108.	404.
1200 1/2 N Richards Cir 203		CITY	Palo Alto
II. TANK DESCRIPTION			
TANK ID #	432.	TANK MANUFACTURER	433.
001		TANK CONFIGURATION: THIS TANK IS	434.
DATE UST SYSTEM INSTALLED		435.	TANK CAPACITY IN GALLONS
		436.	NUMBER OF COMPARTMENTS IN THE UNIT
		437.	
III. TANK USE AND CONTENTS			
TANK USE		439.	
<input type="checkbox"/> 1a. MOTOR VEHICLE FUELING <input type="checkbox"/> 1b. MARINA FUELING <input type="checkbox"/> 1c. AVIATION FUELING <input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)] <input type="checkbox"/> 6. OTHER GENERATOR FUEL <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):		439a.	
CONTENTS		440.	
PETROLEUM: <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 6. AVIATION GAS <input type="checkbox"/> 8. PETROLEUM BLEND FUEL <input type="checkbox"/> 9. OTHER PETROLEUM (Specify):		440a.	
NON-PETROLEUM:		440b.	
<input type="checkbox"/> 7. USED OIL <input type="checkbox"/> 10. ETHANOL <input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):		440b.	
IV. TANK CONSTRUCTION			
TYPE OF TANK		443.	
PRIMARY CONTAINMENT		444.	
<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 1. STEEL <input type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. INTERNAL BLADDER <input type="checkbox"/> 7. STEEL + INTERNAL LINING <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):		444a.	
SECONDARY CONTAINMENT		445.	
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER <input type="checkbox"/> 7. JACKETED <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):		445a.	
OVERFILL PREVENTION		452.	
<input type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS <input type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE <input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT		452.	
V. PRODUCT / WASTE PIPING CONSTRUCTION			
PIPING CONSTRUCTION		460.	
SYSTEM TYPE		458.	
<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 99. OTHER <input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. GRAVITY <input type="checkbox"/> 3. CONVENTIONAL SUCTION <input type="checkbox"/> 4. SAFE SUCTION [23 CCR §2636(a)(3)]		458.	
PRIMARY CONTAINMENT		464.	
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):		464a.	
SECONDARY CONTAINMENT		464b.	
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):		464c.	
PIPING/TURBINE CONTAINMENT SUMP TYPE		464d.	
<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE		464d.	
VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION			
VENT PRIMARY CONTAINMENT		464e.	
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):		464e.	
VENT SECONDARY CONTAINMENT		464f.	
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):		464f.	
VR PRIMARY CONTAINMENT		464g.	
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):		464g.	
VR SECONDARY CONTAINMENT		464h.	
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):		464h.	
VENT PIPING TRANSITION SUMP TYPE		464i.	
<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE		464i.	
RISER PRIMARY CONTAINMENT		464j.	
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):		464j.	
RISER SECONDARY CONTAINMENT		464k.	
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):		464k.	
FILL COMPONENTS INSTALLED		451a-c.	
<input type="checkbox"/> 1. SPILL BUCKET <input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR <input type="checkbox"/> 4. CONTAINMENT SUMP		451a-c.	
VII. UNDER DISPENSER CONTAINMENT (UDC)			
CONSTRUCTION TYPE		469a.	
<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. NO DISPENSERS <input type="checkbox"/> 90. NONE		469a.	
CONSTRUCTION MATERIAL		469b.	
<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. OTHER (Specify)		469b.	
		469c.	
VIII. CORROSION PROTECTION			
STEEL COMPONENT PROTECTION		448.	
<input type="checkbox"/> 2. SACRIFICIAL ANODE(S) <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 6. ISOLATION		448.	
IX. APPLICANT SIGNATURE			
CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.			
APPLICANT SIGNATURE		470.	
APPLICANT NAME (print)		471.	APPLICANT TITLE
		471.	472.

Minimally-Required Fields for UST Monitoring Plan = 490-3a, 490-4, a 'Y' to at least one of the following – (490-5, 490-11, 490-20, 490-21, 490-23, 490-26), a 'Y' to at least one of the following – (490-28, 490-36, 490-39, 490-45, 490-48, 490-50, 490-51, 490-52), 490-54a, 490-72, 490-73

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK MONITORING PLAN – (Page 1 of 2)									
TYPE OF ACTION	<input checked="" type="checkbox"/> 1. NEW PLAN		<input type="checkbox"/> 2. CHANGE OF INFORMATION		490-1				
PLAN TYPE	<input checked="" type="checkbox"/> 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY. 490-2								
(Check one item only)	<input checked="" type="checkbox"/> 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): 001, 002								
I. FACILITY INFORMATION									
FACILITY ID # (Assign/ Use Only)	00 - DEM - 174978 1 490-3								
BUSINESS NAME (Same as Facility Name or DBA)	Demo Test Facility								
BUSINESS SITE ADDRESS	1200 1/2 N Richards Cir 203					CITY	Palo Alto 104		
II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE									
Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent. Such work must be performed by qualified personnel. [23 CCR §2632, 2634, 2638, 2641]									
MONITORING EQUIPMENT IS SERVICED <input type="checkbox"/> 1. ANNUALLY <input type="checkbox"/> 99. OTHER (Specify): 490-3a, 490-3b									
III. MONITORING LOCATIONS									
<input type="checkbox"/> 1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN <input type="checkbox"/> 2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED [23 CCR §2632, 2634] 490-4									
IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)									
<input type="checkbox"/> 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. [23 CCR §2632, 2634] 490-5									
SECONDARY CONTAINMENT IS: <input type="checkbox"/> a. DRY <input type="checkbox"/> b. LIQUID FILLED <input type="checkbox"/> c. PRESSURIZED <input type="checkbox"/> d. UNDER VACUUM 490-6									
PANEL MANUFACTURER: 490-7 MODEL #: 490-8									
LEAK SENSOR MANUFACTURER: 490-9 MODEL #(S): 490-10									
<input checked="" type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). [23 CCR §2643] 490-11									
PANEL MANUFACTURER: 490-12 MODEL #: 490-13									
IN-TANK PROBE MANUFACTURER: 490-14 MODEL #(S): 490-15									
TEST FREQUENCY: <input type="checkbox"/> a. MONTHLY <input type="checkbox"/> e. OTHER (Specify): 490-16, 490-17									
PROGRAMMED TESTS: <input type="checkbox"/> a. 0.1 g.p.h. <input type="checkbox"/> b. 0.2 g.p.h. <input type="checkbox"/> c. OTHER (Specify): 490-18, 490-19									
<input type="checkbox"/> 3. MONTHLY STATISTICAL INVENTORY RECONCILIATION [23 CCR §2646.1] 490-20									
<input type="checkbox"/> 4. WEEKLY MANUAL TANK GAUGING (MTG) [23 CCR §2645] TESTING PERIOD: <input type="checkbox"/> a. 36 HOURS <input type="checkbox"/> b. 60 HOURS 490-21, 490-22									
<input type="checkbox"/> 5. TANK INTEGRITY TESTING PER [23 CCR §2643.1] 490-23									
TEST FREQUENCY: <input type="checkbox"/> a. ANNUALLY <input type="checkbox"/> b. BIENNIALY <input type="checkbox"/> c. OTHER (Specify): 490-24, 490-25									
<input type="checkbox"/> 99. OTHER (Specify): 490-26, 490-27									
V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)									
<input checked="" type="checkbox"/> 1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE & VISUAL ALARMS. [23 CCR §2636] 490-28									
SECONDARY CONTAINMENT IS: <input type="checkbox"/> a. DRY <input type="checkbox"/> b. LIQUID FILLED <input type="checkbox"/> c. PRESSURIZED <input type="checkbox"/> d. UNDER VACUUM 490-29									
PANEL MANUFACTURER: 490-30 MODEL #: 490-31									
LEAK SENSOR MANUFACTURER: 490-32 MODEL #(S): 490-33									
PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. <input checked="" type="checkbox"/> a. YES <input type="checkbox"/> b. NO 490-34									
FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. <input checked="" type="checkbox"/> a. YES <input type="checkbox"/> b. NO 490-35									
<input checked="" type="checkbox"/> 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED. [23 CCR §2636] 490-36									
MLLD MANUFACTURER(S): 490-37 MODEL #(S): 490-38									
<input type="checkbox"/> 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS. [23 CCR §2636] 490-39									
ELLD MANUFACTURER(S): 490-40 MODEL #(S): 490-41									
PROGRAMMED IN LINE LEAK TEST: <input type="checkbox"/> a. MINIMUM MONTHLY 0.2 g.p.h. <input type="checkbox"/> b. MINIMUM ANNUAL 0.1 g.p.h. 490-42									
ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN. <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO 490-43									
ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN. <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO 490-44									
<input checked="" type="checkbox"/> 4. PIPE INTEGRITY TESTING. 490-45									
TEST FREQUENCY: <input type="checkbox"/> a. ANNUALLY <input type="checkbox"/> b. EVERY 3 YEARS <input checked="" type="checkbox"/> c. OTHER (Specify) 490-46, 490-47									
<input type="checkbox"/> 5. VISUAL PIPE MONITORING. FREQUENCY: <input type="checkbox"/> a. DAILY <input type="checkbox"/> b. WEEKLY <input type="checkbox"/> c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* 490-48, 490-49									
* Allowed for monitoring of unbund emergency generator fuel piping only per HSC §25281.5(b)(3)									
<input type="checkbox"/> 6. SUCTION PIPING MEETS EXEMPTION CRITERIA. [23 CCR §2636(a)(3)] 490-50									
<input type="checkbox"/> 7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM. 490-51									
<input type="checkbox"/> 99. OTHER (Specify) 490-52, 490-53									

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
MONITORING PLAN – (Page 2 of 2)**

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

(Check all that apply)

UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S)

- ☒ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY ☒ 3. ELECTRONIC STAND-ALONE 490-54a.
☐ 4. NO DISPENSERS ☐ 99. OTHER (Specify) 490-54b.

LEAK MONITOR MANUFACTURER: _____ 490-55. MODEL #: _____ 490-56.

LEAK SENSOR MANUFACTURER: _____ 490-57. MODEL #(S): _____ 490-58.

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. ☒ a. YES ☐ b. NO 490-59.

UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☒ a. YES ☐ b. NO 490-60.

FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☒ a. YES ☐ b. NO 490-61.

UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER. ☐ a. YES ☐ b. NO 490-62.

UDC CONSTRUCTION IS: ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL 490-63.

IF DOUBLE WALL: 490-64a.

UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ a. LIQUID ☐ b. PRESSURE ☐ c. VACUUM 490-64b.

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. ☐ a. YES ☐ b. NO 490-64b.

VII. PERIODIC SYSTEM TESTING

☐ 1. ELD TESTING: THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. [23 CCR §2644.1] 490-65.

☐ 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS. 490-66.

☐ 3. SPILL BUCKETS ARE TESTED ANNUALLY. 490-67.

VIII. RECORD KEEPING

The following monitoring/maintenance records are kept for this facility: 490-68.

- ☐ a. ALARM LOGS ☐ b. VISUAL INSPECTION RECORDS ☐ c. TANK INTEGRITY TESTING RESULTS
☐ d. SIR TESTING RESULTS (and supporting documentation records) ☐ e. TANK GAUGING RESULTS (and supporting documentation records)
☐ f. ATG TESTING RESULTS (and supporting documentation records) ☐ g. CORROSION PROTECTION 60-DAY LOGS
☐ h. EQUIPMENT MAINTENANCE AND CALIBRATION RECORDS

IX. TRAINING

☐ Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties: 490-69a.

REFERENCE DOCUMENTS MAINTAINED AT FACILITY: ☐ (Check all that apply) 490-69b.

☐ THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b.

☐ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c.

☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d.

☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e.

☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f.

☐ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g.

☐ OTHER (Specify): _____ 490-69h.

☐ This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following: 490-70.

➤ Operation of the UST systems in a manner consistent with the facility's best management practices.

➤ The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan.

➤ The facility employee's role with regard to spills and overfills as specified in the facility's UST Response Plan.

➤ Name(s) of contact person(s) for emergencies and monitoring alarms.

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71.

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1.) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs; 2.) all conditions that indicate a possible release are investigated; and 3.) all monitoring records are maintained properly.

THE FOLLOWING PERSON(S) ARE RESPONSIBLE FOR PERFORMING THE MONITORING AND EQUIPMENT MAINTENANCE:

NAME: _____ 490-72. TITLE: _____ 490-73.

NAME: _____ 490-74. TITLE: _____ 490-75.

The Designated UST Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

APPLICANT SIGNATURE: _____ DATE: _____ 490-76.

REPRESENTING: ☐ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner 490-76.

APPLICANT NAME (print): _____ 490-78. APPLICANT TITLE: _____ 490-78.

Minimally-Required Fields for UST Certification of Installation / Modification = 483a, 483c, 482a

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK CERTIFICATION OF INSTALLATION / MODIFICATION (One form per project)		
I. FACILITY INFORMATION		
FACILITY ID # (Agency Use Only)	00-DEM-174978	
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)		
Demo Test Facility		
BUSINESS SITE ADDRESS	CITY	
1200 1/2 N Richards Cir 203	Palo Alto	
II. INSTALLATION / MODIFICATION PROJECT DESCRIPTION		
TYPE OF PROJECT (Check all that apply) 483a. <input type="checkbox"/> 1. TANK INSTALLATION OR REPLACEMENT <input type="checkbox"/> 2. PIPING INSTALLATION OR REPLACEMENT <input type="checkbox"/> 3. SUMP INSTALLATION OR REPLACEMENT <input type="checkbox"/> 4. UNDER DISPENSER CONTAINMENT INSTALLATION OR REPLACEMENT <input type="checkbox"/> 5. OTHER	WORK AUTHORIZED UNDER PERMIT 483b. (Number or Date):	
DESCRIPTION OF WORK BEING CERTIFIED: 483c.		
III. CONTRACTOR INFORMATION		
NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION 482a.		
CONTRACTOR LICENSE # 482b.	ICC CERTIFICATION # 482c.	
IV. CERTIFICATION		
<p>I certify that the information provided herein is true, accurate, and that the following conditions have been satisfied:</p> <ul style="list-style-type: none"> The installer has met the requirements set forth in 23 CCR §2715, subdivisions (g) and (h). The underground storage tank, any primary piping, and any secondary containment was installed according to applicable voluntary consensus standards and any manufacturer's written installation instructions. All work listed in the manufacturer's installation checklist has been completed. The installation has been inspected and approved by the local agency, or if required by the local agency, inspected and certified by a registered professional engineer having education and experience with underground storage tank system installations. 		
SIGNATURE OF TANK OWNER OR OWNER'S AGENT	DATE 484.	PHONE 487.
CERTIFIER'S NAME (print) 485.	CERTIFIER'S TITLE: 486.	
NAME OF CERTIFIER'S EMPLOYER (DBA) 488.	CERTIFIER'S RELATIONSHIP TO TANK OWNER 488.	
	<input checked="" type="checkbox"/> 1. TANK OWNER <input type="checkbox"/> 2. TANK OPERATOR <input type="checkbox"/> 3. CONTRACTOR <input type="checkbox"/> 4. PROPERTY OWNER <input checked="" type="checkbox"/> 5. OTHER AUTHORIZED AGENT OF TANK OWNER	